## PART B - FEE(S) TRANSMITTAL

L 1 4 2005 6	his form, together wit		or <u>Fax</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents inia 22313-1450	<i></i>
INSTRUCTURE AS: This for an Applicated unless corrected by maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise	smitting the ISSUE Patent, advance order in Block I, by (a) s	FEE and PUBL rs and notification pecifying a new	CATION FEE (if requing of maintenance fees we correspondence address;	red). Blocks I through 5 sl rill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as trate: "FEE ADDRESS" for
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for 590 04/27/2005	any change of address)		Fee(s) Transmittal. The papers. Each additional	mailing can only be used for secretificate cannot be used for larger, such as an assignment of mailing or transmission.	for any other accompanying
MACCORD MA 300 N. GREENE S P. O. BOX 2974 GREENSBORO, N	STREET, SUITE 1600			I hereby certify that the States Postal Service vaddressed to the Mail	tificate of Mailing or Trans is Fee(s) Transmittal is being with sufficient postage for fir Stop ISSUE FEE address TO (703) 746-4000, on the d	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
5/2005 WASFAW2 0000	0015 09944697			NO	NN4 Cuttel	(Depositor's name)
C:1501 C:1504	1400.00 OP 300.00 OP			War	W ('sttell 7-12-05	(Signature)
C: 8001 APPLICATION NO.	FILING DATE	FIR	RST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,697			Dietrich Charisius		TS1000	2142
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	1	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 07/27/2005
nonprovisional	YES NO	\$700 \$ 140	~	\$300	\$1000 \$1.750	07/27/2005
EXAMINER				CLASS-SUBCLASS	\$ <i>170</i> 0	
COBY, FRANTZ		2161		707-010000		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED CO.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	tion (or "Fee Address" Indic or more recent) attached. Us O RESIDENCE DATA TO E	ation form e of a Customer BE PRINTED ON THE	registered attorned 2 registered pate listed, no name v	ey or agent) and the nam nt attorneys or agents. If vill be printed.	es of up to no name is 3	
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	tion (or "Fee Address" Indic or more recent) attached. Us O RESIDENCE DATA TO E	ation form e of a Customer BE PRINTED ON THE	registered attorned 2 registered pate listed, no name v	ey or agent) and the nam nt attorneys or agents. If vill be printed.	a member a 2———————————————————————————————————	locument has been filed fo
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	ation form e of a Customer BE PRINTED ON THI elow, no assignee dat of this form is NOT a	registered attorned 2 registered pate listed, no name version of the PATENT (print ta will appear on a substitute for fili	ey or agent) and the nam n attorneys or agents. If vill be printed. or type) the patent. If an assign ng an assignment. TY and STATE OR COL	nes of up to a moname is 3	locument has been filed fo
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	ation form e of a Customer  BE PRINTED ON THE elow, no assignee dat of this form is NOT a	registered attorne 2 registered pate listed, no name v E PATENT (print ta will appear on a substitute for fill RESIDENCE: (Cl	ey or agent) and the nam n attorneys or agents. If vill be printed. or type) the patent. If an assign ng an assignment. TY and STATE OR COL	es of up to no name is 3  ee is identified below, the d	locument has been filed fo
"Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Gorland S  Please check the appropriate 4a., The following fee(s) are	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion IEE	ation form e of a Customer  BE PRINTED ON THI elow, no assignee dat of this form is NOT a  (B) F  Poration  pries (will not be print 4b. P	registered attorm 2 registered pate listed, no name v E PATENT (print ta will appear on a substitute for fili RESIDENCE: (Cl	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY AN	nee is identified below, the delivery)  National Eq. (A)  or por attion or other private grants.	
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Below Condess  Please check the appropriate 4a. The following fee(s) are properly as the property of the condess of the co	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion IEE	ation form e of a Customer  BE PRINTED ON THI elow, no assignee dat of this form is NOT a  (B) F  Poration  pries (will not be print 4b. P	registered attorm 2 registered pate listed, no name v E PATENT (prin ta will appear on a substitute for fili RESIDENCE: (Cl	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY an	nes of up to no name is 3	oup entity Governmen
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Corlor Corlor S  Please check the appropriate 4a. The following fee(s) are	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E is an assignee is identified b in 37 CFR 3.11. Completion IEE  e assignee category or category enclosed:  emall entity discount permitt	ation form e of a Customer  BE PRINTED ON THI elow, no assignee dat of this form is NOT a  (B) F  Poration  pries (will not be print 4b. P	registered attorm 2 registered pate listed, no name v E PATENT (prin ta will appear on a substitute for fili RESIDENCE: (Cl	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY an	nes of up to no name is 3	oup entity Governmen
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Change in Entity Status PTO STATUS Please Change in Entity Status PTO STATUS PLANT PROPERTY PROPERTY PLANT PROPERTY PARTY PROPERTY PARTY PROPERTY PARTY	tion (or "Fee Address" Indicor more recent) attached. Us  O RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion  IEE  O C C C C C C C C C C C C C C C C C C	ation form e of a Customer  BE PRINTED ON THE elow, no assignee dat of this form is NOT a  (B) F  POTATION  pries (will not be print  4b. P  ed)  37 CFR 1.27.	registered attorn 2 registered pate listed, no name v E PATENT (prin ta will appear on a substitute for fili RESIDENCE: (Cl  ed on the patent)  ayment of Fee(s)  A check in the Payment by cre The Director is eposit Account N  b. Applicant is	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY an	nee is identified below, the delivery is identified below, the delivery can be	oup entity Government Government, oppy of this form).
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Change in Entity Status Proposed and Advance Corder - # of the control of the	tion (or "Fee Address" Indicor more recent) attached. Us  O RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion  IEE  O C C C C C C C C C C C C C C C C C C	ation form e of a Customer  BE PRINTED ON THE elow, no assignee dat of this form is NOT a  (B) F  POTATION  pries (will not be print  4b. P  ed)  37 CFR 1.27.	registered attorn 2 registered pate listed, no name v E PATENT (prin ta will appear on a substitute for fili RESIDENCE: (Cl  ed on the patent)  ayment of Fee(s)  A check in the Payment by cre The Director is eposit Account N  b. Applicant is	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY an	nee is identified below, the delow or the component of the private gracelosed.  By is attached.  Component of the private gracelosed.  By is attached.  Component of the private gracelosed.	oup entity Government Government, oppy of this form).
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Change in Entity Status PTO STATUS Please Change in Entity Status PTO STATUS PLANT PROPERTY PROPERTY PLANT PROPERTY PARTY PROPERTY PARTY PROPERTY PARTY	tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion  IEE  e assignee category or category enclosed:  small entity discount permitt f Copies  s (from status indicated above MALL ENTITY status. See Disciplication Fee (if required) ords of the United States Par	ation form e of a Customer  BE PRINTED ON THE elow, no assignee dat of this form is NOT a  (B) F  POTATION  pries (will not be print  4b. P  ed)  37 CFR 1.27.	registered attorn 2 registered pate listed, no name v E PATENT (prin ta will appear on a substitute for fili RESIDENCE: (Cl  ed on the patent)  ayment of Fee(s)  A check in the Payment by cre The Director is eposit Account N  b. Applicant is	ey or agent) and the nam nattorneys or agents. If will be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR COUNTY an	we so fup to no name is 3	oup entity Government Government, to credit any overpayment, to copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.